



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: May 3, 2017
MAHS Docket No.: 17-002701
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a three way telephone hearing was held on March 29, 2017, from Detroit, Michigan. The Petitioner was represented by [REDACTED], Guardian. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly determine Petitioner's post-eligibility patient-pay amount effective [REDACTED]?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner is currently receiving treatment in a long term care facility.
2. Petitioner receives unearned income in the amount of [REDACTED] monthly.
3. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice which notified Petitioner that her patient-pay amount would be [REDACTED] per month effective [REDACTED].
4. On [REDACTED], Petitioner's Guardian filed a Request for Hearing disputing the Department's actions.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Additionally, a post-eligibility patient-pay amount is the L/H patient's share of the cost of LTC or hospital services. First determine MA eligibility. Then determine the post-eligibility patient-pay amount when MA eligibility exists for **L/H patients** eligible under:

- A U 19 Healthy Kids category.
- A Group 2 (G2U, G2C) category.
- An SSI-related Group 1 or 2 category **except**:
 - QDWI.
 - Only Medicare Savings Program (with **no** other MA coverage). BEM 546 (January 2017), p. 1.

Further, the post-eligibility patient-pay amount is the total income minus the total need. *Id.* In this case, Petitioner is currently residing in a long term care facility. The Department provided evidence to show that Petitioner receives ██████ per month in unearned income. Petitioner does not receive income from any other source.

In determining the patient-pay amount, Petitioner is allowed Guardianship/Conservator Expenses. Under Department policy, a ██████ per month deduction is allowed when an L/H patient pays for a court-appointed guardian and/or conservator. Guardianship/conservator expenses must be verified and include:

- Basic fee.
- Mileage.
- Other costs of performing guardianship/conservator duties. BEM 546, p. 9.

The Department provided a Guardianship/Conservator expense in the amount of ██████. It is unclear why the Department allowed an ██████ expense when policy only allows for an expense of ██████. Further, policy allows this expense in the event of a court appointed guardian. In this case, the guardian was not court appointed but

requested by Petitioner's mother. The deduction is favorable to Petitioner and therefore will remain in the determination of the patient-pay amount.

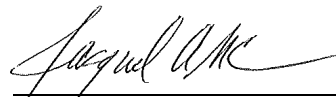
The Department also provided Petitioner with a patient allowance of [REDACTED]. Under Department policy, the patient allowance for clients who are in, or are expected to be in, LTC and/or a hospital the entire L/H month is [REDACTED]. BEM 546, p. 3. Petitioner's guardian confirmed that Petitioner does not qualify for any additional deductions allowed under policy. As such, once the Guardian/Conservator expenses and patient allowance are subtracted from Petitioner's income, Petitioner's patient-pay amount is [REDACTED]. Accordingly, the Department properly determined that Petitioner's patient-pay amount is [REDACTED] per month effective [REDACTED].

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it determined Petitioner's post-eligibility patient-pay amount in the amount of [REDACTED] effective [REDACTED].

Accordingly, the Department's decision is **AFFIRMED**.

JM/hw



Jacquelyn A. McClinton
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

DHHS

[REDACTED]
[REDACTED]
[REDACTED]

Authorized Hearing Rep.

[REDACTED]
[REDACTED]
[REDACTED]

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]